

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	09/913064

CLAIMS

AS FILED	AFTER		AFTER		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT						
1					51					
2	/				52					
3	/				53					
4					54					
5	/				55					
6					56					
7					57					
8					58					
9					59					
10					60					
11					61					
12					62					
13					63					
14	/				64					
15					65					
16					66					
17	/				67					
18	/				68					
19					69					
20	/				70					
21	/				71					
22					72					
23					73					
24					74					
25					75					
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35					85					
36					86					
37					87					
38					88					
39					89					
40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TAL					TOTAL IND.					
TAL					TOTAL DEP.					
TAL					TOTAL CLAIMS					
100										